## Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider:
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): < ^
Address of Service Provider: 201 Donaghay Que. Laministantia Bildy, States 4, On
Name of Agent Designated to Receive  Notification of Claimed Infringement: **
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):    Knivetation of Control Agent Agent   A
dos Donaghay Rue.
Remaining rapison Bidge, Eden 1974 Conway, Am. 22845
Telephone Number of Designated Agent: (5-4) 45 *- 5 ***
Facsimile Number of Designated Agent: (500) 450- 5003
Email Address of Designated Agent:
Signature of Officer or Representative of the Designating Service Provider:
Date: 5 14/41
Typed or Printed Name and Title:
Observed Clarkers
RECEIVED

Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee MAY, 1 8 1999

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Post-It* Fax Note	7671	Date 5/18	· -
To Marelin	Mretin	FromMel	essa Rust
Co./Dept.	BCDC	These	ed Nothice
LATEL -	07-8950		<u> </u>
Fax # 202-70	57-8366	Fax # 450	7-5063 <u> </u>